

# **PART B – FEE(S) TRANSMITTAL**

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7278 7590 01/25/2010  
**DARBY & DARBY P.C.**  
P.O. Box 770  
Church Street Station  
New York, NY 10008-0770

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

**FISH & RICHARDSON P.C.**  
P.O. Box 1022  
Minneapolis, MN 55440-1022

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/561,015	02/17/2006	Dan P. Felsenfeld	27527-0026/US1	9430

**TITLE OF INVENTION: PEPTIDES FOR TREATING AXONAL DAMAGE, INHIBITION OF NEUROTRANSMITTER RELEASE AND PAIN TRANSMISSION, AND BLOCKING CALCIUM INFLUX IN NEURONS**

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	04/26/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
WANG, Chang Yu	1649	530-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

**MOUNT SINAI SCHOOL OF MEDICINE OF NEW YORK UNIVERSITY NEW YORK, NEW YORK**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ [X] corporation or other private group entity ☐ government.

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) /Irina E. Vainberg/  
Typed or Printed Name **Irina E. Vainberg**

(Date) **April 16, 2010**  
Registration No. 48,008

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